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*Where Tomorrow's Public
Policy Begins Today*

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Part One: Free At Last: The Supremes' new health care hit empowers consumers, holds governments accountable

According to AIMS' Manager of Health Policy, Jamie MacNeil, the decision by the Supreme Court of Canada to strike down portions of the Quebec Health Insurance Act is the needed incentive for government to do things better in health care. Our judges are telling our federal and provincial governments that they actually have to honour their promises to Canadians to provide to them health care when they're sick.

Contrary to the alarmist claims of the medicare dogmatists, Canadians have little to fear from the Supreme Court's demand that governments not abuse the rights of citizens in their desire to provide high quality public health care. That means that forbidding Canadians to spend their own money to buy health care services they judge necessary is not on, despite decades of governments doing just that. But according to MacNeil, far from destroying the public system, this will usher in a new era of accountability on the part of governments for their stewardship of public health care resources. Not before time!

To read Jamie MacNeil's commentary, [click here.](#)

Part Two: National Media turns to AIMS for explanation of Supreme Court decision on health care

It was one of those rare decisions by the Supreme Court of Canada that left Canadians from Victoria to St. John 's wondering how it will affect them personally. Reporters across the country scrambled to understand the decision and find experts who could help them. The Atlantic Institute for Market Students was among the first many in the national media turned to for comment and explanation.

The Institute's award-winning work on Health Care includes "*Definitely NOT the Romanow Report*" and "*Operating in the Dark*".

[To read some of the media coverage, click here.](#)

Part Three: Taking the Pulse: Process used to measure the quality of hospital care needs a fix.

AIMS has taken a giant step in empowering the patients who use our hospitals and their families who are trying to ensure that their loved ones get the care that they need. This is the first paper in the Institute's major new project that aims to create the best tool in Canada today for assessing the quality of care offered by the country's major hospitals.

The paper, entitled *A FINGER ON THE PULSE: Comparative Models for Reporting the Quality of Hospital Care* takes on many of the myths that surround the idea of comparing the quality of care in our hospitals. According to author Julia Witt, "Consumers need to be able to compare the quality of different products and services if they are to make an informed choice. That is true whether it is the gas mileage of different models of cars or the quality of health care provided by different hospitals."

Witt, AIMS Fellow in Pharmaceutical Policy, looked at the American, European, and Canadian experience with accreditation mechanisms and quality assessment systems in health care.

This is the first background paper in AIMS' Hospital Report Card project, which is designed to evaluate the performance of Canada's major hospitals. As Witt points out in this first paper, the information required to evaluate many aspects of health care delivery is lacking, yet evaluations can be made by making best use of all the information that is available.

[To read the complete paper, please click here.](#)

Part Four: The Consumer Revolution in Health Care – AIMS makes the case for change at Stockholm conference.

AIMS President Brian Lee Crowley delivered the keynote talk to the Annual Meeting of the Canada-Sweden Business Association in Stockholm. In front of the international audience, Crowley examined the changing demands on health care in “We Can’t Go On Like This: What an ageing population, the consumer revolution and accelerating globalisation mean for the future of health care.”

Crowley remarked “[T]he argument for bringing virtually all of the health care industry under the control essentially of public authorities is being undermined, in large part by ... demographic and cultural factors.... Public and medical authorities are losing the ability to determine what health care consumers will accept. The paths by which increasingly wealthy and demanding health care consumers will be able to evade government controls on their consumption of health care services are growing. Our understanding about the value of many health care services is increasing, and we can more and more see that many of them produce little in the way of measurable public benefit. Put this in the context of a population structure that calls into question the equity of a pay-as-you-go system, as well as in the context of a globalising world where public authorities must ensure that their tax burden actually produces significant public benefit, and we have set the stage for a major re-think about health care public policy.”

[To read AIMS President Brian Lee Crowley’s keynote talk to the CSBA Conference in Stockholm, click here.](#)



Part Five: Canada can’t Solve US Pharmaceutical Woes: AIMS Fellow in the National Post.

The US Congress is once again making noises about authorizing the re-importation of pharmaceuticals from Canada. As AIMS Fellow in Health Care Economics Brian Ferguson explains in a commentary in the National Post, such a solution to the US pharmaceutical woes is a dream cop-out for politicians.

According to Ferguson, “The United States has a serious problem with regard to the accessibility of pharmaceuticals. Canada cannot solve this problem. American legislators are fantasizing the access problem will go away if drugs cross the Canadian border a couple of times. And Canadians might ponder this: Once the U.S. realizes that re-importation is a device, not for saving American consumers money, but for putting profits into the pockets of Canadian middlemen, we’ll go from hero to arch villain and be in for another rousing chorus of ‘Blame Canada’.”

[To read the Brian Ferguson’s article, click here.](#)




Part Six: Baby Boom Generation will Demand Health Care Excellence and Will Pay for It.

The Baby Boomers have changed consumerism as they have aged. From baby formula to education, clothes to houses, Boomers made demands of the marketplace and got results.

Advances in technology mean your doctor doesn't have to be in the room with you. More and more people are walking into their doctors' offices with the latest information on treatments and are shopping around for the best care available. In his fortnightly column in the Halifax Chronicle-Herald and Moncton Times-Transcript, AIMS president Brian Lee Crowley explains that Baby Boomers have demanded the best in the past, and health care will be no different.

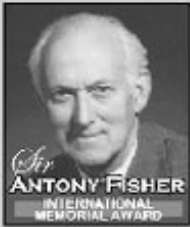
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